

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043216

STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 58

FILED NOV 27 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                               |  |                                   |
|--|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Christian</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>   |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Ozark</u>  |                               | c. CITY OR TOWN <u>Ozark</u>   |                                   |
| Length of stay in lb <u>16 years</u>   |                               | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>   |                               | d. STREET ADDRESS (If outside, give location)<br><u>no street address</u>  |                                   |
| 3. NAME OF DECEASED<br>(Type or print) First <u>William</u> Middle <u>Howard</u> Last <u>McGowan</u>   |                               | 4. DATE OF DEATH Month <u>November</u> Day <u>20</u> Year <u>1963</u>  |                                   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH <u>3/26/1890</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Carpenter</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u>   |                                   |
| 11. BIRTHPLACE (City and state or country)<br><u>Rogersville, Missouri</u>   |                               | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |                                   |
| 13a. FATHER'S NAME<br><u>Greene McGowan</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Rachel Gibson</u>  |                                   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Minnie Rhodes</u>  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>no</u>   |                                   |
| 16. SOCIAL SECURITY NO. <u>[redacted]</u>  |                               | 17. INFORMANT Address<br><u>Mr. Orville McGowan, Rt. #2, Rogersville, Mo.</u>  |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Transition &amp; Debilitation</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Carcinomatosis</u><br>DUE TO (b) <u>Primary Ca of Prostate</u><br>DUE TO (c) <u>1 year</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2-3 years</u> |                               | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 weeks</u>   |                                   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                               | 20c. TIME OF INJURY Hour <u>9/12/53</u> Month, Day, Year <u>11/18/63</u>   |                                   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                   |
| 20f. CITY, TOWN, OR LOCATION   |                               | COUNTY   |                                   |
| 20g. STATE   |                               | 21. I attended the deceased from <u>9/12/53</u> to <u>11/18/63</u> and last saw him alive on <u>11/18/63</u><br>Death occurred at <u>1:20</u> a. <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                   |
| 22a. SIGNATURE <u>Vincent P. McGowan</u>   |                               | 22b. ADDRESS <u>Ozark, Mo.</u>   |                                   |
| 22c. DATE SIGNED <u>11/20/63</u>   |                               | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                   |
| 23b. DATE <u>Nov. 22, 1963</u>   |                               | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Selmore Cemetery</u>  |                                   |
| 23d. LOCATION (City, town, or county)<br><u>Ozark, Missouri</u>  |                               | 23e. STATE<br><u>Missouri</u>  |                                   |
| 24. FUNERAL DIRECTOR<br><u>John Harris</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>Nov. 23, 1963</u>  |                                   |
| 26. REGISTRAR'S SIGNATURE<br><u>Mary Kaufman</u>   |                               | (Licensed Embalmer's Statement on Reverse Side)  |                                   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained Nov. 21, 1963.

M. K.